



**VISUALLY IMPAIRED SPECIAL EDUCATION ENDORSEMENT (VI)**  
 NORTH DAKOTA EDUCATION STANDARDS AND PRACTICES BOARD  
 SFN 58902 (07-2008)

Social Security Number	Date of Birth	ND Teaching License Number	
Work Telephone Number	Email Address		
Home Telephone Number			
Last Name	First Name	M.I.	Maiden Name
Mailing Address	City	State	Zip (9 digit)

**Prerequisite:** Valid North Dakota educator's professional license in early childhood, elementary, middle, or secondary education.

**Re-education Plan:** None

**Endorsement Request and Verification:** Once you have completed the requirements, request this endorsement be added to your license by returning this form to ESPB along with your official transcripts.

**Fees:** If you wish to add this endorsement between renewals, a non-refundable fee of \$75 must be enclosed.

There is no additional fee to add this endorsement at your normal license renewal time.

**Timeline:** All requirements must be met before adding this endorsement to your license. The addition of this endorsement does not change your regular license renewal date.

**Visually Impaired Program of Study**

20 semester hours (SH) of coursework at the undergraduate or graduate level from an approved teacher education program. Submit official transcripts.

Coursework	Completed (SH)	Needed (SH)
Education of the exceptional student		
Methods in the education of the visually impaired		
Introduction to orientation and mobility of the visually impaired		
Communication with visually impaired students		
Educational and medical implications of visual impairment		
Education of the exceptional student or a composite of courses related to exceptionalities other than visual handicaps		
	<b>Total SH</b>	<b>Total SH</b>
Visually impaired practicum		

Signature of Applicant	Date
ESPB Review	Date
Executive Director, ESPB	Date

License Code <b>19045</b>	Type of Equivalency <b>23</b>	Level of Preparation <b>07</b>
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**Submit completed form and \$75 fee to:** Education Standards and Practices Board  
 2718 Gateway Ave, Suite 303  
 Bismarck ND 58503-0585  
 (701) 328-9641 office (701) 328-9647 fax



## Payment/Credit Card Information

Type of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Check		Amount \$	
Name as it appears on credit card		Please sign to authorize credit card charge	
Credit Card Number		Expiration Date	3 digit CVV number on back of card